

M24000006197

Florida Department of State
Division of Corporations
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Division of Corporations
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2024 MAY 15 PM 4:40

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
M.O.D.E. BUILDERS CAPE CORAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 MAY 15 PM 12:27

May. 15. 2024 4:27PM

No. 1453 P. 2

H240001757493

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. M.O.D.E. BUILDERS CAPE CORAL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/15/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 370 CAMINO GARDENS BLVD. 6. 370 CAMINO GARDENS BLVD.
(Street Address of Principal Office) (Mailing Address)

SUITE 102A SUITE 102A

BOCA RATON, FL 33432 BOCA RATON, FL 33432

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DANIEL SIMCHI

Office Address: 370 CAMINO GARDENS BLVD.

BOCA RATON, Florida 33432
(City) (Zip code)

2024 MAY 15 PM 12:27

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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May 15, 2024 4:27PM

No. 1450 P. 3

H240001757493

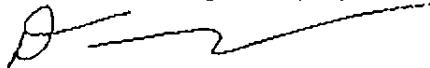
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	GIANCARLO CALVARESI		<input type="checkbox"/> Manager	Name:	M.O.D.E. BUILDERS, LLC	
<input checked="" type="checkbox"/> Member	Address:	4205 STEEPLE HILL DRIVE		<input checked="" type="checkbox"/> Member	Address:	6-05 SADDLE RIVER RD.	
<input type="checkbox"/> Authorized		NW KENNESAW, GA 30144-5761		<input type="checkbox"/> Authorized		UNIT 219	
Person				Person		FAIRLAWN, NJ 07410	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	DANIEL SIMCHI		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	135 WOODLAND ST.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		TENAPLY, NJ 07670		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	GILAD EPHOD		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	370 CAMINO GARDENS		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		BLVD. SUITE 102A		<input type="checkbox"/> Authorized			
Person		BOCA RATON, FL 33432		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.



Signature of an authorized person

DANIEL SIMCHI

Typed or printed name of signee

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M.O.D.E BUILDERS CAPE CORAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M.O.D.E BUILDERS CAPE CORAL, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6748565 8300

SR# 20242164537

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203483754

Date: 05-15-24